

861

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

VOL. X.]

WEDNESDAY, MAY 7, 1834.

[NO. 13.]

PRESENT STATE OF THE MEDICAL PROFESSION IN THE WEST  
OF ENGLAND.

THE practitioners in the West of England are numerous, and for the most part respectable; the majority of them belonging both to the College and Hall. From the best calculation I can make of the number of general practitioners in the towns, I find there is one to every thousand inhabitants; in many instances, however, there are two or more to this number of people. In most of our provincial towns (even small ones) we have a physician or physicians, and the chemists and druggists are in the proportion of two to every three thousand inhabitants.

The general practitioners are not in the habit of charging for visits or attendance in the towns, and the only way in which they get remunerated in medical cases, is by making out bills for their medicines, charging each article separately, and specifying the quantity sent from day to day. Journeys out of the town in which the practitioner resides, are charged for, and the charges vary from two shillings and sixpence to five shillings: it is not usual to charge more than the latter sum, except the distance exceeds seven miles. It is not common to make any charge for meeting a physician in consultation.

Parishes are usually let by tender, and the lowest bidder generally gets the appointment to take charge of them. The low rate at which persons are found to accept them is truly disgraceful to the members of a respectable profession. I will name a few particular instances to prove the fact; assuring you, at the same time, I could cite a hundred similar ones. The Parish of East Coker, Somerset, containing upwards of 1400 persons, the majority of whom are paupers, is attended by a practitioner—a Mr. Hansard, of Montacute—residing four miles from the place, at a salary of 12*l.* per year; and for this sum he includes all medical and surgical cases, accidents of every description, smallpox, inoculation, or vaccination, and difficult midwifery cases, together with attendance on coroners' inquests, lunatics, &c. Mr. Hansard stipulates to attend regularly at the poor-house three times a week, independently of all other calls; and, on a moderate calculation, his turnpikes must cost him at least three pounds in the twelve months; such being the usual terms of agreement where parishes are compounded for. The parish of East Clinnock is attended by a practitioner—a Mr. Gerrard, of Crewkerne—residing five miles distant; who compounds for all cases at 8*l.* per year. The population is about 1000, and by far the greater number are paupers. Mr. Gerrard has to pay two turnpikes every journey he takes. The parish of Piddle-Trenthide, Dorset, is attended by the Messrs. Davis, of Cerne, residing at a distance of four miles, at a salary of 10*l.* per

year. The population is upwards of 800. The sum paid for medical and surgical attendance on the poor of the same parish, in the year 1814, was 70*l.*; but owing to the disgraceful system of letting by tender, it has been reduced to the sum above stated. The parish of Stoke Sub-Hampdon, Somerset, is attended by a Mr. Westcott, of Martock, residing two miles distant, and he compounds for every case that may occur, agreeing to find medicines and surgical instruments, at a salary of 8*l.* per year: the population is upwards of 1600. There are a vast number of paupers at Stoke, and they are very liable to serious accidents, in consequence of their being employed to quarry and hew stones, which are used in almost every building of consequence within twenty miles of the place. The parish of Norton Sub-Hampdon consists of a population of 800 persons; the paupers are numerous, and generally employed at the stone-quarries; the poor are attended by a Mr. Stuckey, of Martock, who compounds for all cases at a salary of 5*l.* per year: the distance of Norton from Martock is three miles. Chisselborough, a parish four miles distant from Martock, is also attended by Mr. Stuckey, and everything compounded for at 5*l.* per year: there are seven or eight hundred people, and the paupers are principally employed at the Hampdon stone-quarries.

Whilst this plan continues, the poor ever will be neglected and maltreated; but it appears to me that an effectual remedy can be provided in the following way. If, for instance, parishes were obliged to pay a certain sum per cent. on their pauper population, for medicines and surgical applications, the surgeon taking the risk of illness and accidents,—and then for him to be allowed so much for each visit in his own town, and so much per mile for journeys out of the town,—if such a plan was put in force, the parish-rate payers could not select the cheap surgeon, but they would choose the one whose professional skill and honorable conduct was in the best repute; the competition would be between men of skill, and the greatest stimulus would be given to the acquirement of sound professional knowledge. These are facts; and however the more respectable practitioners may attempt to keep up fair and reasonable charges, they find it impossible, as there are low undermining men ready to intrude themselves wherever they can get a footing, and on the plea of cheapness. Such persons can always gain appointments from the farmers, overseers, and rate-payers of country parishes. Degrading as these facts are, the Council will be surprised to find that, in many instances, parishes are attended by ignorant chemists and druggists, in ordinary cases; and where the disease assumes a more formidable character, the overseer often sends the paupers to a physician, or some one goes to him to describe their disorders. The physician prescribes, and sends the patient to the druggist, who supplies the medicines, and the consequence is that acute cases run their course, either to death or convalescence, without bleeding or cupping ever being prescribed or practised. The extent to which chemists and druggists prescribe and dispense medicines behind their counters, is, of all others, the greatest grievance of which the general practitioners have to complain; and at any time I would swear, either before the Council or a Committee of the House of Commons (if examined on the subject), that the chemists and druggists of this town, and most provincial towns in the west, prescribe and dispense

more medicines, dress more wounds and ulcers, inoculate and vaccinate more patients, than the general practitioners. This is independent of the monopoly carried on between the chemist and physician in the way of prescriptions; which, too, is very extensive. Of course I am aware that the Apothecaries' Act of 1815 provides a remedy against those, who were not in practice prior to that time, visiting patients; but although we know the fact, there is great difficulty in bringing persons forward to prove it, and I think the general impression is, that the act does not prevent the chemist from prescribing and dispensing at his own counter.

The parish officers in this vicinity refuse to remunerate medical men for attending coroners' inquests; and I have myself been kept from my practice, in several instances, the greater part of two days, at an inquest, and refused remuneration.

The law, as it regards accidents and casualties, is most defective. For instance, a pauper belonging to one parish, A, meets with a serious accident in the parish of B; the surgeon resides in the parish C. The accident is of such a nature that no time is to be lost in finding out the overseer to get an order, and the surgeon is obliged to act immediately; and after having done so, he is either compelled to give up the case to some practitioner in whose skill he has no confidence, and who, perhaps, if the case terminated unfavorably, would be illiberal enough to declare that the fault rested with the person first called, or else he must consent to act gratuitously; as in nineteen cases out of twenty would be the case. The parish of A, for instance, would not pay, as they had not been applied to: the parish of B would not pay, on the plea that the pauper did not belong to them, even if he resided there for a time, as they would say he had not gained a settlement; and the result would be the same with the parish C; or else they would say, you are not our regular parish surgeon, and therefore have no claim; we would have sent our own surgeon if we had been applied to. Such is the manner in which I have been treated in very many cases, where the delay of finding the overseer, or parish surgeon, might have been fatal; and every professional man, in extensive practice, can state the same of himself. The law, therefore, I presume, ought to provide that the surgeon who attends promptly should be remunerated; as the public clamor, in case of his refusing to go to an accident, or to act when he arrives, may forever ruin him. The probability is, that the surgeon is brought to the accident by the servant of some nobleman, esquire, clergyman, or farmer, whose kindness simply extends to the act of sending for him; for when the bill is presented, he is told to take it to the parish officers, and then he finds himself situated as I have described. Such is our misfortune in instances of compound fractures, with wounds of arteries, severe injuries of the head, compound dislocations, &c. &c.

I cannot here omit to mention one fact, which, some time since, happened to a respectable surgeon in this neighborhood. He was sent for to a poor man who had met with a very serious accident, and on his arrival found him by the road side. He directly said, "I can do nothing for the man here, you must take him to the inn;" which was near the spot, and in the parish where the injury was received. The accident was such that the surgeon was obliged to attend to it without delay, and

the man remained at the inn many weeks afterwards, before he could be removed to a distant parish, where he belonged. After his recovery, the surgeon sent his bill to the overseers of the parish where the accident happened, and they resisted payment, as they had not given an order. The surgeon then applied to the parish where the man belonged, and they also resisted payment; pleading that they were not liable, as they had given no order to the medical attendant, and the accident happened in another parish. The surgeon found, that as he had acted without an overseer's order, he could not recover his charges by law, and the individual himself was unable to pay him. This, however, was not all; the innkeeper was refused payment by both parishes for the keep, attendance on, and nursing this pauper; and not being in a situation to lose his expenses, he naturally inquired who sent the man to his house; and finding that the surgeon had ordered him there, and given directions for his food, nurses, &c. he actually brought the charge on him, and the surgeon was compelled to pay the whole expense.

The system of quackery is carried on in the West of England, to a most extraordinary extent; as there is not a chemist, ever so obscure, but has his cough, aperient, and digestive pills, worm-powders, &c. &c.; and thus the regular practitioner is materially interfered with. Every neighborhood is infested with some bone-setter, or notorious advertising quack, and the number of persons who flock to them is really incredible, except to those of us who have an opportunity of witnessing the fact; persons, too, who are in a situation to afford to remunerate a regular practitioner, but are duped by the puffing advertisements of those individuals.

From these various sources, then, the Council will readily perceive, that without parliamentary interference, and such immediate enactments as will secure the general practitioner from such abominable intrusions of illiterate and unqualified individuals, as well as from the unjust interference of the physicians, the honor and respectability of the profession will be forever lost, and the attempts of the College to render its members intelligent and competent in all respects to discharge the duties required of them with fidelity and honor, will be rendered unavailable; and I therefore humbly implore the Council to impress on the legislature that an inquiry into the laws and regulations of the College can in itself be of little avail, unless they also institute such an inquiry into the general state of the profession, and the actual situation of its members, as will secure their protection, and put them in such a situation as the charter of the College originally intended, and as they have a fair right to expect; as those of us who wish to maintain the respectability of the profession cannot absolve ourselves from the concluding sentence of the oath taken on our becoming members of the College—"that we will demean ourselves honorably in the practice of our profession, and, to the utmost of our power, maintain the dignity and welfare of the College: so help us God."

(Signed)

WM. TOMKINS, Surg., M.R.C.S.

We, the undersigned members of the Royal College of Surgeons, residing in the town of Yeovil, fully concurring in the account given by

Mr. Tomkins, of the general state of the medical profession in the West of England, beg to subscribe our names in corroboration of the same.

(Signed)

THOMAS SHORLAND.

MARKES LANDE.

JOHN MOORE.

G. E. HOOPER.

WM. SHORLAND.

*London Medical Gazette.*

---

TREATMENT OF DROPSY BY HYDRIODATE OF POTASS.

*Cases of Dropsy successfully treated by the Hydriodate of Potass after the usual Remedies had failed, and after Tapping was performed.*  
By WILLIAM HUGHES, Esq. M.R.C.S.

It is the duty of every medical man who may have been successful in the treatment of any difficult or dangerous cases, to communicate to the profession, for the benefit of society, the remedies he has employed, especially should they differ from the means usually resorted to in similar cases. I have always considered the publication of cases, if reported, as they ought to be, with the strictest fidelity, the most valuable portion of medical periodicals; with these feelings, I send for insertion in the London Medical and Surgical Journal, the following case of ascites, successfully treated with the hydriodate of potass. By desire of my patient, I give his name and residence, Mr. T. Shipley, 3 Newman's Row, Lincoln's Inn Fields, ætat. 36, rather stout, and of bilious temperament, never had any serious illness; had consulted me occasionally for bilious attacks, the consequence of living too freely, but which were generally removed in a day or two. In the beginning of June last, he consulted me for what he called a "fulness of the stomach," which he believed to be flatulence; upon examining the abdomen I was convinced of the presence of fluid, and told him that it was a decided case of dropsy, and that he must have been gradually increasing in size for some time; that he must make up his mind to change his mode of living, and undergo a course of medicine. He had been accustomed to take spirits, and although, perhaps, not drinking sufficient at one time to intoxicate, taking it so frequently as to be almost constantly under its influence; at this time his general health was not materially disturbed, the alvine dejections were unhealthy and offensive; he passed but a small quantity of high-colored urine, which deposited a red sediment, but was not coagulable by heat. I prescribed four grains of blue pill every night, and diuretic medicine during the day, with an occasional purgative, composed of the compound jalap powder and the sixth of a grain of elaterium, which always operated powerfully. On the 19th I met Dr. Addison in consultation, and he, believing with me that the ascites depended on a diseased state of the liver, ordered the mercurial to be continued in small doses three times a day, in conjunction with diuretics. Without occupying your pages with a minute detail of the different medicines prescribed, and their daily effects, it may suffice to state, that the remedies, usually known to be beneficial in such cases, were tried and persevered in without ad-

vantage to our patient. By the end of July the abdomen was so much distended, accompanied with some œdema of the legs and thighs, that it was thought advisable to remove the fluid, and with the advice of Dr. Addison, on the 31st of July, I performed the operation and took away thirteen quarts of transparent serum, the color of healthy urine. I kept him in bed a week, at which time he felt himself well enough to go out, and went for change of air to Greenwich; and as his general health improved, the water again accumulated, and in six weeks the abdomen was nearly as large as before. About this time he accidentally met with a Mr. Cook, who stated to him that he had been similarly afflicted, and that he had been under the care of Dr. Blake of Nottingham, and was cured by the hydriodate of potass. At the request of my patient Mr. Cook called on me, and gave me such a sensible and clear statement of the facts of his own case, that I was induced to write to Dr. Blake, stating my patient's case, and requesting to know how far Cook's correspondence with it, and whether he attributed the cure to the hydriodate of potass. Dr. Blake wrote me by return of post a very handsome satisfactory letter in reply. As the facts of the case are highly interesting, I shall transcribe them from the Doctor's letter. "Mr. Cook's complaint was general dropsy, arising, in my opinion, from a chronic affection of the liver, contracted during his residence in the East Indies. I first saw him in January last, a day or two after his arrival from London, from whence he was sent by his medical advisers, as being, as he, Mr. Cook, stated to me, in a decline, having then much cough and mucopurulent expectoration, with œdema of the legs, and almost total absence of bile in the evacuations, and making a very small quantity of high-colored urine, while the conjunctiva and surface of the body were slightly tinged yellow. Under these circumstances, mercury, diuretics, hydrocyanic acid, blisters, &c. were tried, but without affording relief up to the 2nd of February; at that period the cough had diminished, but the general dropsical symptoms had increased to such a degree as to prevent him leaving his bed; the abdomen was exceedingly large; the scrotum, legs, thighs, and arms, and integuments of the chest and back, were likewise very much swollen, so much so as to preclude the possibility of his bending the elbow to put his hand to his head. He then commenced taking the hydriodate of potass, in ten grain doses, three times a day, in a glass of water, gradually increasing the quantity to fifteen grains, which he continued to the 10th of March, with very marked benefit. The appetite and strength increased, and he was soon able to leave his bed and walk down stairs, owing to the decrease of the general swelling, which was accompanied by a proportionate increase in the quantity of urine. He omitted the hydriodate from the 10th to the 18th of March, in consequence of the intensely bitter taste he experienced, but the moment he did so the strength and appetite decreased, while the other symptoms became worse. He then recommenced this medicine with equal good effects, and continued it up to the 30th of April, when he again omitted it, thinking himself so nearly well, and on account of the disagreeable taste it left in the mouth. He, however, again found it necessary to resume its use on the 18th of May, and continued it to the 1st of June, with progressive improvement in every respect. During this treatment



I certainly joined the administration of other diuretics and purgative medicines, but previous to the exhibition of the hydriodate the symptoms increased rapidly, although all other medicines were most liberally given, and whenever it was omitted the disease again gained ground, so that I cannot help attributing the improvement to its tonic and diuretic effects." Dr. Blake also mentioned a case of ovarian dropsy cured by the same medicine, and also the case of a military officer, who was reduced to a skeleton from hepatic disease; the liver being so large as to be easily felt through the waistcoat, with a strong tendency to dropsy. This gentleman has continued the medicine for twelve months, and is now in good health.—Upon the receipt of this letter I determined to try the hydriodate of potass uncombined in Mr. Shipley's case, giving only an occasional purgative when the symptoms demanded; the abdomen was now larger by measurement, than when he was tapped, consequently must have contained more than fourteen quarts of fluid. He commenced on the 17th of September, with eight grains of the hydriodate of potass, three times a day, gradually increasing it to fifteen grains. After a few doses its effects were manifested by an increase in the secretion of urine, voiding, on an average, from five to six pints in the twenty-four hours, from the 18th of September to the 24th of October. This increase in the quantity of urine was accompanied with a corresponding decrease in the size of the abdomen; and the œdema of the legs and thighs, which was considerable when he commenced the medicine, entirely disappeared. From the 20th of October, he took it only twice a day, and the 27th discontinued it; the abdomen being reduced to its natural size, and no dropsical symptoms remaining. He now complained only of weakness and profuse perspirations, for which I ordered the sulphate of quinine and sulphuric acid. His appetite is good, and he feels himself gaining strength. That the hydriodate has had a specific effect on the liver in this case, as well as the two cases mentioned by Dr. Blake, cannot, I think, be denied, and I hope soon to hear of many similar cases being cured by the same medicine.—*Lon. Med. and Surg. Jour.*

---

#### EFFECTS OF ACID FUMES IN A CASE OF CONSUMPTION.

BY J. A. BRERETON, U.S.A.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following described case of Phthisis Pulmonalis, originally reported to the Chief of the Medical Staff of the Army, Dr. Jos. Lovell, was designed, with comments, for publication in the "Baltimore Medical and Surgical Journal and Review" for the present month, had it been convenient to have supplied it in time for that excellent periodical. But since circumstances, unnecessary to detail, have prevented that intention, it is herewith proposed to you for insertion in the Boston Medical and Surgical Journal, but without either comment or remark, which is desired to be respectfully postponed until the remedial agent now indicated and introduced to the notice of the faculty, in this *opprobrium medicorum* and devastating disease, be more effectually ascertained or established,

than by the single, perhaps anomalous, case, herewith presented to them. Among those of your medical readers that may be induced, from the successful issue in this case, to give the gas a trial, your correspondent would be greatly obliged to them, should they devote a leisure moment and communicate through you or your Journal the result of their experience.

Before transcribing the following original and detached reports, it may be premised that the subject of them, Christopher Hackett, a private or soldier of F company, in the 1st Regiment of U. S. Artillery, born in Ireland, about forty years of age, of a bilious sanguine temperament and very intemperate habits, was admitted into the hospital at Fort Washington, Maryland, on the 23d of October 1832, for anasarca. While under the usual course of treatment for that disease, and evidently convalescing fifteen or twenty days after his admission, he complained of hepatitis; and on strict examination a large abscess, nearly formed, was detected protruding from the region of that important viscus, the liver. The treatment was then changed and adapted to the prevailing symptoms, and apparently with much advantage. On visiting the hospital, however, very early during one of the first days of December following, he was found laboring under severe and aggravating symptoms of pneumonia; and at the close of that month, when reports became due, the case was reported to the Surgeon General, as follows:

*"Fort Washington, Md. 31st Dec. 1832.*

"The case of Pneumonia noted on the sick report, is one originally admitted into the Hospital during the last quarter, with anasarca and hepatitis, produced, no doubt, from severe intemperance; and while under the influence of a mercurial ptyalism for hepatitis, the former disease supervened, and with great severity. In consequence of the existing prostration, then to a very great degree, the lancet, with its usual accompaniments, could not be carried to the extent desirable, though often attempted, before a large discharge of dark grumous blood, combined with pus, was ejected from the stomach (believed to be from the liver), and afterwards of pus from the lungs. He has yet occasional discharges of pus from the latter, though apparently improving, and may probably recover, with the exception, however, of a disorganized left lung. The tenacity of vitality in this case, has appeared remarkable."

"*March 31st, 1833.*—The case of pneumonia, preceded by anasarca and hepatitis, reported at the last quarter, still remains in the hospital, having eventuated in phthisis pulmonalis."

*30th June, 1833.*—The subject of phthisis heretofore reported, arising from anasarca, hepatitis and pneumonia combined, but originally from intemperance, is yet in hospital; and has during the preceding quarter presented some marked features, impossible to elude the casual practitioner, and there would be an omission of duty to leave them unnoticed. At the date of the preceding report, from the frequent repetition, every week or ten days, of empyemæ of the lungs, and their consequent enormous discharges, he was emaciated to a mere skeleton, with oedematous tumefactions of the lower extremities—a constant and harassing purulent cough—no appetite—no sleep—pulse, when free from hectic fever, about 130 to 140,



but united with the fever greatly above 150, and consequently so rapid that it could not be enumerated, though frequently attempted; with debility, prostration and copious nocturnal perspirations, so much, indeed, that it was anticipated every successive purulent collection would at its discharge be fatal, from suffocation. The patient had an act, however, of emitting those very copious discharges of pus, from the diseased lung, with as much facility and force as the stomach has ever been known or seen to eject its contents. The course pursued under those circumstances was generally such as adapted the usual remedial agents and palliatives to the generally predominant symptoms. The patient, however, thought that he derived relief and benefit from inhaling the smoke or fumes of burning Burgundy pitch: his medical attendant was of the same opinion on its first employment, and that it had a tendency to procrastinate the formation of the subsequent abscesses; but afterwards the remedy, like every other previously tried remedial effort, ceased to have even a palliative operation. Under these circumstances, it occurred, as a *dernier resort*, to administer nitric acid by gaseous inhalation, as a direct application to the interior surfaces of the lungs, and where the disease was evidently located. For this purpose, about the first of May the gas was procured and administered to the patient in the following manner: about a drachm of the nitrate of potass, pulverized, was placed in a common tea-cup, to which was added sulphuric acid sufficient to discharge the nitric acid, in a gaseous form, from the saltpetre; when an inverted funnel either of glass, or wedgewood, for the want of a better instrument, was placed over the decomposing materials, and through the small end of the funnel the patient inhaled the red fuming gas for ten, fifteen, and sometimes for twenty minutes at a time, and three times each day. The patient is now sensible to the strength and acrimony of the acid gas, but it appears to be easily obviated and diminished by mixing a small portion of water with the nitre before the acid be added. From the first day of its administration an obviously beneficial tendency was apparent; his incessant cough in a very few days ceased—the hectic fever soon followed—his pulse was reduced below one hundred—an undisturbed sleep through the night—his appetite returned soon afterwards; and then commenced a simultaneous and general improvement in his appearance, very perceptible to the whole garrison. The oedema subsequently left him, and he gained flesh *rapidly*, when he was directed to take exercise by walking out frequently in dry weather, but to be cautious of fatigue. He increased in flesh so rapidly, that through curiosity a wish was expressed that his daily weight and its further development might be ascertained, five weeks after he commenced the inhalation of the nitric acid: he was accordingly found to weigh 138 pounds. The steward and attendants, who were always with him, are positive that he increased during the above-named interval more than *fifty* pounds. About a fortnight or three weeks since, he incautiously ‘*caught cold*,’ which brought on (as was then supposed) his hectic fever and cough, the latter, however, unaccompanied with purulent expectoration. The acid inhalation was suspended, and recourse had to the usual depleting treatment for four or five days, when, upon the subsidence of the fever, he was again enabled to resume the inhalation of the nitric acid gas. During this short interval

he lost but four pounds in weight ; he has in a less time regained it, and is still improving in health."

"September 30th, 1833.—There is but little to add respecting the case of phthisis, which has been the subject of special remarks in preceding reports, except that it is now satisfactory to observe, notwithstanding the early prognosis, that the patient was returned to duty on the 28th of August last, 'cured,' with the exception of the loss of the better half, or rather two lobes, of his left lung. In concluding remarks on the case, however, it may be stated that at the close of the last report, on the 30th June, it was mentioned that direction was prescribed him for exercise, of which he duly availed himself ; and his strength in effect was in a little time so much recruited, as to enable him to indulge his former propensity in ardent spirit ; he consequently became intoxicated and riotous, quarreled with and flogged his companion and fellow soldier severely. On his return, he was placed under the charge of the guard ; but this debauch had no other effect upon him than the loss of six pounds in flesh, or weight, during the two following days ; he regained it afterwards, however, by accumulating ten pounds in seven days ; and afterwards continued increasing in health and weight, until he weighed 150 lbs., which appears to be his natural standard, and was discharged for duty on the day above mentioned. His respiration on that day was free and unrestrained—his pulse 72, firm and very regular. Very respectfully, &c."

*The Surgeon General U.S.A.*

The following affidavit, though sometimes in quaint language, was placed in the hands of your correspondent, a few days before his leaving Fort Washington ; and as it details some particulars more minutely, they may be deemed by a few of your readers important, if not interesting.

I am, Sir, very respectfully your obedient servant,  
*Fort Independence, Boston, April, 1834. J. A. BREBETON, U.S.A.*

Christopher Hackett, a soldier of the U. S. Army, was taken sick at Fort Washington, Maryland, about the 20th of October, 1832, with dropsy, afterwards with the liver complaint and pleurisy, and finally with the consumption, high fevers, hectic cough, loss of appetite and rest. And in the course of a few weeks, he was reduced to a mere skeleton, and continued so until about April or the beginning of May following ; and during this time in every ten or twelve days he had a large abscess, and before it broke it appeared that every breath would be his last ; and when they broke, he would throw up from his lungs a quart or three pints of matter, just as though he had taken an emetic, and it would smell so bad that we had often to leave the room : and in the course of twenty-four hours he would throw up at least three quarts or a gallon, and never one day that he did not throw up at least one quart, and it smelt so bad that we were obliged to burn Burgundy pitch in the room, five or six times a day. He was so weak that he had to be lifted about like a child, and his hip and backbones came through the skin ; he had, also, swellings of the legs, high perspirations, so that the sheets, blankets, and bed-sack would be as wet as if they had been dipt in water. His pulse was commonly 120 and often 150, and sometimes so rapid that it could not

be counted ; and every remedy that the skill of the surgeon could suggest was resorted to, but with no success, until he tried the nitric acid, which was done by taking about two scruples or one drachm of salpêtre and putting it in a cup, and then adding about one or one and a half teaspoonsful of the oil of vitriol and pour it on the salpêtre ; and then put a glass or wedgewood funnel over them, and let the patient take the small end of the funnel in his mouth and inhale the gas of the nitric acid into his lungs, like he was smoking of a pipe ; and if it was too strong, add to it one or two teaspoonsful of water, and it will weaken it : and he done this two or three times a day.—He had not been taking this more than one week before it was plain to see the beneficial effect of it. His appetite began to mend ; his fever to abate ; his rest returned ; the swellings of his legs to abate ; his cough and spitting to mend ; and finally a total change in his whole system for the better. This man was reduced much lower than any person I ever saw that recovered, and I do believe that for three or four months he did not weigh more than 50 or 60 lbs. until he began to take the nitric acid, and after that he mended and recovered strength and flesh so fast, that Dr. Brereton was induced to weigh him on the 3d of June following, when his weight was 138 lbs., and he continued to gain flesh and strength until about the 22d of August, when he weighed 151 lbs. and he was a well, strong, sound and hearty man, and went to his duty : and he has not been pestered with cough since, more than any person would be with a common cold.

BLAND WILLIAMS, *Hospital Steward.*

CHARLES J. YERBY, *Hospital Attendant.*

I, Christopher Hackett, a private of F company, in the 1st Regiment of U. S. Artillery, and the individual subject of the foregoing affidavit of the Hospital attendants of Fort Washington, do hereby certify to its correctness and truth.

C. HACKETT.

*State of Maryland, Prince Georges Co. 29th Oct. 1833.*

Appeared before the subscriber, a Justice of the Peace in and for Prince Georges County, Md., Bland Williams, Charles J. Yerby, and Christopher Hackett, and made oath on Holy Evangelists of Almighty God, that the facts contained in the foregoing affidavit are correct, to the best of their knowledge and belief. Sworn before

HENRY L. COOMBS.

---

---

ON THE ART OF IMPROVING VEGETABLES BY CROSSING THE BREEDS.

[THE following practical information, which will be interesting to all our friends residing in the country, is extracted from the *New England Farmer*—a weekly paper published in this city, every number of which is replete with valuable essays, and which no physician who has a farm or who loves horticulture should be without.]

MR. FESSENDEN,—In this age of investigation into the laws of nature, one of the most important discoveries in vegetable physiology is the sexes of plants, and the consequent power we possess of creating new varieties

impediment to utterance ; the hemiplegia had occurred twenty days before. The right common carotid was tied the day after admission. In the course of the following thirty-four days, he had experienced seven fits. This was the 26th of September. On the 15th November he was re-admitted, and the other carotid was tied. Between the 3d of December and the 25th of January, he had three fits, and suffered from time to time with a painful feeling of throbbing in the head, which was relieved by bleeding. There were no other very marked effects produced. On the strength of these results, the reporter inserts the following remarks in reference to the applicability of the operation to cases of epilepsy.

"If the operation should prove successful, in only a small proportion of cases of epilepsy, which are beyond the reach of other remedies, it will be deemed worthy of some estimation : and it might be advisable in most of those cases where there is evidence of predominant cerebral irritation, or of local plethora of the brain. At the same time when we remember how often epilepsy terminates in paralysis, idiocy, or apoplexy, and when we observe in many of these cases a succession of symptoms, each of which is more and more distinctly referable to a morbid condition of the brain, and more destructive of the intellectual powers, we are induced to consider whether it be judicious to allow even recent, but very aggravated cases of epilepsy, to go on until irremediable organic changes are established, without taking measures permanently and effectually to diminish the circulation of blood through the brain."

It is a curious instance of the loose reasoning employed and admitted in medical subjects, when such pathology and such facts can be made the foundation of a plan of practice. Where did the author of these remarks obtain the information that epilepsy is caused by an excess of circulation of blood through the brain ; and how did he satisfy himself that this excess of circulation if it exists, is to be relieved permanently by the ligature even of both the carotid arteries ? The throbbing and fulness which followed upon the second operation, performed in the case above given, are not particularly in favor of this supposition. The fundamental difficulty, however, is, that we are ignorant of the pathologic state of the brain which produces epilepsy. That it may generally arise from plethora is very possible ; that it always does is very improbable. Convulsions, as we had occasion to observe not long since, are produced by apparently opposite states of the system, and not unfrequently are caused by excessive hemorrhage. In this case, no one not blinded entirely by attachment to theory, would attribute their production to vascular fulness. In like manner, the knowledge which we possess with regard to the proximate cause of epilepsy, justifies the belief that it may occur in infinitely various states of the vascular system, and that a system of practice in this disease, founded on the supposed necessity of diminishing at all hazards the action of the cerebral vessels, would be followed by consequences to the unfortunate subjects infinitely more deplorable than those of the disease itself.

#### ARNOTT'S HYDROSTATIC BED.

A CORRESPONDENT of the London Medical Gazette, complains of the coldness and dampness of Arnott's Hydrostatic Bed, and asks if any one can suggest a remedy. Perhaps some of our readers who are familiar with its use may furnish the desired information.

## RECORD OF METEOROLOGICAL OBSERVATIONS FOR APRIL, 1834.

[illegible]

**SAFETY.**—Mean temperature, 45.45°. Minimum on 18th Feb., wind W, 79.00. Minimum daily variation on the 24th, wind N.W., 60.25. Range of thermometer, of 30°, decrease of mean temperature from March 9, 1895, daily, wind N.E., 50.65. Minimum 97th, wind S.E., 41.25. Mean atmospheric pressure, 29.956. Least daily variation 5th and 11th, wind N.E. & S.E., 40.00. Range of barometer, 1.46. Decrease of atmospheric pressure, 0.0771. Prevailing atmospheric, clear-sunny-sunny (clearly). Prevailing wind, N.W. A. B. BRETTON.

**Difference between Solar and Artificial Heat.**—A remarkable difference has always been observed between the calorific rays, emanating from the sun, and those emitted from terrestrial sources, even of the most intense heat viz. ; that the former can pass through glass, without suffering any apparent diminution, whilst the latter cannot pass through the same substance but in an almost insensible quantity. The experiment is easily made :—expose yourself to the sun, and afterwards to the fire of a chimney ; interpose a large square of glass to the passage of the rays, on the face—the sensation of heat from the solar rays continues, without any sensible alteration, while it completely ceases from those of the fire.

Researches sufficiently extensive prove to M. Melloni, that this essential difference in the nature of solar and terrestrial heat, depends on a simple mixture of many sort of rays, in various proportions ; that is to say, that the heat of both one and the other is, like light, composed of many rays, and that rays of the same kind are not found in the same proportions.—*Journal Hebdom.*

Whole number of deaths in Boston for the week ending May 3, 25. Males, 15—Females, 12. Of old age, 3—consumption, 6—infantile, 1—fla, 1—lung fever, 1—measle, 1—dyspey, 2—teething, 1—pneum, 1—cancer, 1—convulsions, 1—debility, 1—suicide, 1—bilious fever, 1—hooping cough, 1—throat disemper, 1—disease of the heart, 1—malignant sore throat, 1. Stillborn, 2.

## ADVERTISEMENTS.

### MEDICAL INSTRUCTION.

Two subscribers are appointed for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms :

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By Dr. CHAPMAN.
On Physiology, Pathology, Therapeutics, and Materia Medica	By Dr. WARR.
On the Principles and Practice of Surgery	By Dr. OTIS.
On Anatomy, Human and Comparative	By Dr. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$75. Three months, \$50.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, not for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

April 2. 1am6m

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.,  
WINSLOW LEWIS, Jr.

Boston, March, 1834.

Two Subscribers continue to give instruction in the various branches of a MEDICAL EDUCATION, to such students as may place themselves under their direction.

They have provided a room for the pupils, which will be open every day, Sundays excepted. A course of study is pointed out, the necessary books are furnished, and examinations are frequently made. Facilities are given for the cultivation of practical anatomy.

The terms are \$100 for a year, \$75 for six months, and \$50 for a quarter. All payments to be made in advance.

The students, in addition to the private instruction, have the privilege of attending, gratuitously, the Medical and Surgical Practice and the Surgical Operations of the Massachusetts General Hospital, and generally private Surgical operations, during the period of their pupilage ; and they will also have free admission to the Lectures on Anatomy and Surgery, delivered at the Medical School of Harvard University. Clinical Lectures on Surgery are occasionally given.

Board, in respectable families in the city, may be had at three dollars a week.

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH NALE, JR.

Boston, May, 1834.

May 7. 1834.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 164 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly number of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.